OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

FACILITIES DEVELOPMENT DIVISION

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OSHPD Project Cancellation/Withdrawal Form

This letter will serve as notification that the following project(s) has/have been cancelled: **OSHPD Project # Facility Project Title (Scope) OSHPD Project # Facility Project Title (Scope)** It is our understanding, should we desire to reactivate this project in the future, we will be required to submit a new application for plan review along with the appropriate filing fees. Signature Date

Owner Agent for Owner